



TO: Outreach Partners and Interested Parties

FROM: *Prescription Advantage*

Date: 7/10/06

## ***BULLETIN***

This bulletin is one in a series of routine updates regarding Prescription Advantage . These notices are designed to inform a broad network of outreach partners and other interested parties about Plan updates affecting both current and future Plan members.

### ***Annual Enrollment Fee Warning and Termination Letters***

Prescription Advantage charges a \$200 annual enrollment fee to members who are Medicaid eligible and have an annual income between 300% and 500% of the Federal Poverty Level.

A warning notice was recently sent to members who have not paid the annual fee. If payment is not received by July 25, 2006 membership will be terminated.

Attached are copies of both the Warning Notice and the Termination Letter.



<Date>

<First Name> <Last Name>

<Address or P.O. Box>

<City>, <State> <Zip Code>

Dear <First Name> <Last Name>:

### WARNING NOTICE

According to our records, we have not yet received full payment of your annual enrollment fee. If we do not receive payment of **<amount owed>** by **<date>**, your membership in Prescription Advantage **will be terminated** effective **<date>**.

Please make your check payable to Prescription Advantage, complete the attached form, and send it with your payment in the enclosed envelope to the address below.

**Prescription Advantage**  
**Attention: Billing Department**  
**P.O. Box 15153**  
**Worcester, MA 01615-0030**

If you decide to terminate your Prescription Advantage membership, **please be aware that you are not relieved of the responsibility for payment of your enrollment fee. The Plan reserves the right to seek collection of this amount.**

If you believe that the income documentation we have on file is incorrect or outdated, please contact Customer Service for further instructions. Additionally, if you have any other questions regarding this correspondence, please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

Sincerely,

Prescription Advantage

You have the right to request a review of decisions made by Prescription Advantage regarding your membership and benefits. For more information, call 1-800-AGE INFO (1-800-243-4636)



**Please return with your payment.**

**PAYMENT REMITTANCE**

**Member's Name**

**Mailing Address**

**City/Town**

**State**

**Zip**

**Prescription Advantage ID #**

☐ Please check this box if your mailing address is different from what is listed above, and fill in your correct address below.

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



<Date>

ID #

<First Name> <Last Name>  
<Street Address or P.O. Box>  
<City>, <State> <Zip Code>

Dear <First Name> <Last Name> :

This letter is to notify you that your membership with Prescription Advantage has been terminated. The effective date of this termination is <Eff Date>.

The reason(s) for your termination from Prescription Advantage is/are as follows:

**Failure to pay enrollment fee**

You may have your membership reinstated by paying the total outstanding Enrollment Fee within twenty-five (25) calendar days of your termination effective date. Reinstated benefits would resume on the first (1<sup>st</sup>) calendar day of the month following receipt of payment.

Please be advised that even if you do not request to have your benefits reinstated, you may still be responsible for paying the \$200 enrollment fee if you have received any benefits from Prescription Advantage.

If you have any questions about this decision, please call Prescription Advantage Customer Service at 1-800-AGE-INFO (1-800-243-4636) or TTY (toll free) for the deaf and hard of hearing at 1-877-610-0241.

If you would like to request a Reconsideration of your termination from Prescription Advantage, please complete and mail the enclosed *Reconsideration of Membership Termination* form within 15 business days of the date of this letter.

Sincerely,

Prescription Advantage

You have the right to request a review of decisions made by Prescription Advantage regarding your membership and benefits. For more information, call 1-800-AGE INFO (1-800-243-4636)